

**ADULT MENTAL HEALTH FIRST AID (KOREAN)**  
**ATTENDANCE FOR BOTH DAYS IS MANDATORY**

**DATE & TIME:** February 10 & 11, 2016

**9:30 AM – 2:30 PM**

*All registration is completed on the Learning Net prior to the training. Sign-in begins 30 minutes prior to the training time. All participants must arrive during the sign-in period. Late arrivals will not be admitted.*

**PLACE:** The California Endowment  
Sierra Room  
1000 N. Alameda Street  
Los Angeles, CA 90012

**PARKING:** Free parking on site

This training will be conducted in Korean. Mental Health First Aid is an interactive 8-hour evidence based training that provides knowledge about the signs and symptoms of mental illness, safe de-escalation of crisis situations and timely referral to mental health services. The use of role-playing and other interactive activities enhance the participants' understanding and skill set to assess, intervene and provide initial help pending referral/linkage to a mental health professional. Participants are also provided information about local mental health resources that include treatment, self-help and other important social supports.

**TARGET AUDIENCE:** Korean Speaking DMH Employees, Contractors and Consumers

**OBJECTIVES:** As a result of attending this training, participants should be able to:

1. Recognize the potential risk factors and warning signs for a range of mental health problems.
2. Interpret the prevalence of various mental health illnesses/ and discuss ways to reduce mental health stigma and discrimination.
3. Apply MHFA knowledge relevant to assist, treat and manage a mental health situation --- whereby promoting recovery.
4. Assess personal views and feelings about mental health problems and disorders.
5. Use a 5-step action plan to assist individual exhibiting behaviors consistent with a mental illness until first responders arrive.

**CONDUCTED BY:** Jae Kim, LCSW, MHFA Instructor  
Su Jung Kim, LCSW, MHFA Instructor

**COORDINATED BY:** Jae Kim, LCSW, Training Coordinator  
E-mail: [jkim@dmh.lacounty.gov](mailto:jkim@dmh.lacounty.gov)

**DEADLINE:** NONE

**CONTINUING EDUCATION:** NONE

**COST** NONE

DMH Employees register at:  
<http://learningnet.lacounty.gov>

Or Fax to:  
LACDMH – WET, Attn. Jae Kim, (213) 252-8776



**County of Los Angeles Department of Mental Health**  
**NON-DMH STAFF TRAINING APPLICATION FORM**  
 Please Print or Type



**Instructions**

Each individual must complete a separate application form for each training he/she wishes to attend. Please complete the application in full. Applications will not be processed with incomplete or inaccurate information. Notification of registration confirmation for training will be provided by the training coordinator. Unless otherwise specified, walk-in registrations will not be admitted.

For trainings, sign-in begins 30 minutes prior to the training time. All participants must arrive during the sign-in period. Late arrivals will not be permitted.

*This form is not to be used for LPS Designation Training. The LPS Application is available at [lacdmh.lacounty.gov/training&workforce.html](http://lacdmh.lacounty.gov/training&workforce.html).*

Training Title (as in DMH bulletin): <b>ADULT MENTAL HEALTH FIRST AID</b>			
Date(s): <b>February 10 &amp; 11, 2016</b>		Training Coordinator: <b>Jae Kim, LCSW</b>	
County Employee Number <i>(non-county employees supply the last four digits of the SSN)</i>			
Name			
Program, Service or Agency			
Job Title			
Address			
City			Zip Code
Telephone		Email	
<b>License or Credential Number(s)</b> (complete as many as applicable)			
CAADAC	LCSW	LPT	LVN
MD	MFT	Psychologist	RN
Supervisor's Approval (Applications will not be processed if not signed by supervisor)		For processing, please return Application to:  <b>County of Los Angeles – Dept. of Mental Health</b> <b>PSB – Workforce Education &amp; Training (WET)</b> <b>695 S. Vermont Ave., 15<sup>th</sup> Fl.</b> <b>Los Angeles, CA 90005</b>  <b>Fax: (213) 252-8776</b> <b>Phone: (213) 251-6864</b> <b>Email: <a href="mailto:jkim@dmh.lacounty.gov">jkim@dmh.lacounty.gov</a></b> <i>(When faxing, there is no need to use a cover sheet)</i>	
Print Supervisor Name			
Supervisor's Signature			